

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

**Notice to Department of
Corrections of Actual
Filing Fees and Costs**

-VS-

Case No. _____

To: Custodian

The court has granted a petition to proceed without prepayment of total filing fees and costs in this matter.

The actual filing fees and costs are as follows:

Filing Fee	
Service of Process Fees	+ + +
Total Filing Fees and Service Fees:	=
Amount prepaid by prisoner or from prisoner trust fund account:	-
Amount Remaining to be Paid:	=

Please:

- Remit the remaining amount to be paid to this court to the address below.
- Make reference to this case number on all checks.

Court Address:

BY THE COURT:

Signature of Clerk of Circuit Court

Name Printed or Typed

Date

Distribution:

1. Clerk of Court (Original)
2. Prisoner
3. Department of Corrections
4. Department of Justice, Civil Litigation Unit,
P.O. Box 7857, Madison, WI 53707-7857